



State of Hawaii, Department of Health  
Wastewater Branch

Date Received:  
Registration No:

Registration Application for HAR, Chapter 11-62  
Wastewater and Wastewater Sludge Pumps and Hauler

Before completing this form, read the Guidelines for WWB - Wastewater and Wastewater Sludge Pumps and Haulers Registration. Alterations of the text in this form may delay the processing of this submittal.

**GENERAL INFORMATION**  
Must be completed by all applicants

1. Owner Information (see Guidelines for WWB - Reg Form, Note 1)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

2. Owner Type (see Guidelines for WWB - Reg Form, Note 2)

\_\_\_\_ City \_\_\_\_ County \_\_\_\_ State \_\_\_\_ Federal \_\_\_\_ Private \_\_\_\_ Other

If Other is checked, specify type below:

\_\_\_\_\_

3. Operator Information (see Guidelines for WWB - Reg Form, Note 3)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

4. Contractor Information (see Guidelines for WWB - Reg Form, Note 4)

Are any operational or maintenance aspects of this facility the responsibility of a contractor?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the following information for each contractor

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Responsibility of contractor: \_\_\_\_\_

5. Activities Conducted by Applicant (see Guidelines for WWB - Reg Form, Note 5)

Indicate all of the activities conducted.

_____ Cesspool Pumping	_____ Hauling Sludge from Wastewater Treatment Works
_____ Septic Tank Pumping	_____ Owner of bulk wastewater sludge application site
_____ Grease Trap Pumping	_____ Owner of land which sludge is stored for less than two years
_____ Interceptor Pumping	_____ Applier of wastewater sludge for land application

6. Vehicle Information (see Guidelines for WWB - Reg Form, Note 6)

List of license plates and vehicle descriptions for all vehicles used to haul wastewater or wastewater sludge.

\_\_\_\_\_

7. Bulk Wastewater Sludge Land Application Site (see Guidelines for WWB - Reg Form, Note 7)

For each bulk wastewater sludge land application site, provide the following information:

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Tax Map Key: \_\_\_\_\_ Depth to Groundwater: \_\_\_\_\_

Provide a detailed site map indicating all property lines, exact application site and within 1/4 mile of the application site indicate all buildings, state water, and geological features of interest.

8. Certification (see Guidelines for WWB - Reg Form, Note 8)

Indicate one of the following:

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal public agency, I am a principal executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of the principal business function, or I perform similar policy or decision making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I also certify that I have read, understand, and will follow all applicable rules regarding the collection, disposal, monitoring, recordkeeping, and reporting of pumping and hauling wastewater and wastewater sludge, including septage from individual wastewater systems and other wastewater systems.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Upon request, you must submit any other information necessary to assess the wastewater and/or wastewater sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Wastewater Branch  
919 Ala Moana Boulevard, #309  
Honolulu, Hawaii 96814